



Valvular Heart Disease

CONTEMPORARY REASONS FOR MEDICAL RATHER THAN SURGICAL THERAPY IN PATIENTS WITH SYMPTOMATIC AORTIC STENOSIS

Poster Contributions

Hall C

Saturday, March 29, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Valvular Heart Disease: Aortic Valve Replacement

Abstract Category: 28. Valvular Heart Disease: Clinical

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Background: There has been recent increase in the therapies available for treatment of symptomatic aortic stenosis (SAS). We examined the current reasons for lack of aortic valve replacement (AVR) in patients with severe SAS and indications for surgical therapy.

Methods: We identified 131 patients (mean age, 80.2 ± 9.8 years; 52.6% men; mean STS score, $9.7\% \pm 4.6\%$) seen at our institution in 2012 for severe SAS as determined via transthoracic echocardiography. Patient demographics, comorbidities, echocardiographic data, clinical events, and reasons for medical therapy rather than AVR were examined.

Results: Of the 131 patients, only 45 had AVR in follow-up (n=23 for surgical AVR; n=22 for transcatheter AVR). Patients who did not have AVR were slightly older and more often had notable comorbidities. The STS scores of patients without AVR were higher than those of patients with it ($6.5\% \pm 5.2\%$ vs. $4.0\% \pm 2.5\%$; $p=0.003$). Of the 86 patients without AVR, reasons for not pursuing this option were physician discretion (n=51); patient refusal (n=11); technical inoperability (n=6), surgery deferral (n=9); patient death (n=2); and unknown (n=7). Among the 86 patients, 78 had been seen by a cardiologist.

Conclusion: A high number of patients with severe SAS and indications for AVR are not seeking life-saving therapy despite the availability of treatment options. The main reason they pursue non-surgical therapy is physician discretion, showing the importance of education of providers who care for patients with SAS.

AVR Referral and Performance		Reasons for no AVR	
Total	N=131	Total	N=86
AVR	Total (N=45) SAVR (N=23) TAVR (N=22)	Physician declined	N=51
Medicine	Total (N=86) Referred for AVR (N=16) Not referred for AVR (N=70)	Patient Declined	N=11
		Technically inoperable	N=6
		Surgery deferral	N=9
		Patient died	N=2
		Unknown	N=7